



RETURN SLIP

Name Surname:

Mobile: Phone:

Address :

City : Zip Code:

Order made via: Internet ☐ Phone ☐

Reason for Return:

☐ CHANGE SIZE ☐ CHANGE COLOR ☐ QUALITY DEFECTS

☐ WRONG ARTICLE DELIVERED ☐ OTHER:

• **I want to change article:**

Code	Description	Color	Size	Quantity

• **Substitute with article:**

Code	Description	Color	Size	Quantity

In case you wish to receive back another size or another article, please fill in the above table and contact the change department on phone 210-8141739 Monday-Friday 08:00-16:00 or e-mail it to orders@ider.gr, in order to reserve the products you want.

• **Refunds**

Payment Way: ☐ Debit/Credit card ☐ Paypal

If you had paid by cash on delivery or bank transfer please fill in the following to be able to reimburse you.

IBAN:

BENEFICIARY NAME:

BANK:

COMMENTS: